



1st Year
Player ☐

Returning
Player ☐



Youth Basketball League REGISTRATION FORM

Child's Full Name (please print clearly)		Address	
City		State	Zip Code
Date of Birth		Participants Age on November 5, 2005	
<div style="text-align: center;">Please Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female</div> <div>Age levels goes as follows: 5 - 6 7 - 8</div> <div>For ages 9 - 15 please check one of the two divisions: Silver or Gold</div> <div style="display: flex; justify-content: space-around; align-items: flex-end;"><div style="text-align: center;"><input type="checkbox"/> Silver (Beginner/Intermediate)</div><div style="text-align: center;"><input type="checkbox"/> Gold (Advanced)</div></div>			
First and Last Name of Parents/Guardians		Address	
Home Number		Mother's Work #	Father's Work #
Emergency Contact Name and Phone Number		Preferred Coach	

Would you like to volunteer coach? Please circle one: YES NO	
If you and your child are not requesting a particular coach, sports program will <u>not</u> guarantee on placing your child on a team nearest to the zip code where your child resides.	

T-SHIRT SIZE FOR YOUTH PARTICIPANT ONLY (PLEASE CONSIDER ORDERING ONE (1) SIZE LARGER) <i>(If parents order the wrong size of uniform, then parents will have to pay for additional uniform)</i>						
YOUTH	6 - 8	10 - 12	14 - 16			(Circle One)
ADULT	S	M	L	XL	XXL	XXXL

<u>For Office Use Only:</u>	
Birth Certificate	<input type="checkbox"/> On file <input type="checkbox"/> Attached
RECEIPT # _____ CHECK # _____ DATE: _____	



REFUND POLICY

Administration will consider Request for Refunds on an individual basis pertaining medical reasons only.
Deadline for Refunds will be on October 14,2005

PARENTS' CODE OF ETHICS

I HEREBY PLEDGE TO PROVIDE POSITIVE SUPPORT, CARE, AND ENCOURAGEMENT FOR MY CHILD PARTICIPATING IN YOUTH SPORTS BY FOLLOWING THIS PARENTS' CODE OF ETHICS PLEDGE.

I WILL ENCOURAGE GOOD SPORTSMANSHIP BY DEMONSTRATING POSITIVE SUPPORT FOR ALL PLAYERS, COACHES, AND OFFICIALS AT EVERY GAME, PRACTICE, OR OTHER YOUTH SPORTS EVENT.

I WILL PLACE THE EMOTIONAL AND PHYSICAL WELLBEING OF MY CHILD AHEAD OF A PERSONAL DESIRE TO WIN.

I WILL INSIST THAT MY CHILD PLAY IN A SAFE AND HEALTHY ENVIRONMENT.

I WILL SUPPORT COACHES AND OFFICIALS WORKING WITH MY CHILD, IN ORDER TO ENCOURAGE A POSITIVE AND ENJOYABLE EXPERIENCE FOR ALL.

I WILL DEMAND A SPORTS ENVIRONMENT FOR MY CHILD THAT IS FREE OF DRUGS, TOBACCO, AND ALCOHOL, AND WILL REFRAIN FROM THEIR USE AT ALL YOUTH SPORTS EVENTS.

I WILL REMEMBER THAT THE GAME IS FOR YOUTH-NOT FOR ADULTS.

I WILL DO MY VERY BEST TO MAKE YOUTH SPORTS FUN FOR MY CHILD.

I WILL ASK MY CHILD TO TREAT OTHER PLAYERS, COACHES, FANS, AND OFFICIALS, WITH RESPECT REGARDLESS OF RACE, SEX, AND CREED, OR ABILITY.

I PROMISE TO HELP MY CHILD ENJOY THE YOUTH SPORTS EXPERIENCE BY DOING WHATEVER I CAN, SUCH AS BEING A REPECTABLE FAN, ASSISTING WITH COACHING, OR PROVIDING TRANSPORTATION.

I WILL REQUIRE THAT MY CHILD'S COACH BE TRAINED IN THE RESPONSIBILITIES OF BEING A YOUTH SPORTS COACH AND THAT THE COACH UPHOLDS THE COACHES' CODE OF ETHICS.

I WILL READ THE NYSCA NATIONAL STANDARDS FOR YOUTH SPORTS AND DO WHAT I CAN TO HELP ALL YOUTH SPORTS ORGANIZATIONS IMPLEMENT AND ENFORCE THEM.

HOLD HARMLESS AGREEMENT

We hereby request that our child, _____, be permitted to participate in the Bernalillo County Sports Program Youth Basketball League for the 2005 Winter Season.

If our request is granted we understand and agree to hold harmless the County of Bernalillo, Albuquerque Public Schools, Sports Officials, Bernalillo County Employees and Contractors and those assisting in the Youth Basketball League from any claims, suits, actions or causes of action arising out of any accident/incident or conduct involving us or our child, this includes but is not limited to the costs and reasonable attorney's fees associated with any claims, suits, actions or causes of action.

PARENT/GUARDIAN SIGNATURE

DATE